

FUTURE LEADERS BY AFFILIATION



***Affiliation** “Is the act of becoming formally connected or joined”*

TEEN PROGRAM APPLICATION

Teen School Information

Current School _____ School Address _____

School Phone Number (____) _____ - _____ Student Activities Director _____

Current Grade _____

Student ID # _____

Teen Profile Information

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Alternate (____) _____ - _____

Teen Email Address (required) _____ @ _____ .com

Ethnicity and Race

() Black/African American () White Non-Hispanic () American Indian () Hispanic () Other _____

Gender () Male () Female

Parent/Guardian Information

First Name _____ Middle Initial _____ Last Name _____

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Cell Phone (____) _____ - _____ Alternate (____) _____ - _____

Email Address (required) _____ @ _____ .com

Parent Signature _____ Parent Signature _____ Date ____/____/____

Teen Applicant Signature

Teen Signature _____ Date _____

Reference

References that live in the same household will not be accepted, please provide information from two different references.

Reference 1

First Name _____ Middle Initial _____ Last Name _____

How long have you known the applicant? _____ Are you related to the applicant? _____

How do you know the applicant? () Teacher () Coach () Pastor () Family Friend () Other _____

Tell us why we should select the applicant

Can we contact you should we need further information? () Yes () No

What is the best time to contact you? () Morning ____:____ am () Afternoon ____:____ pm () Evening ____:____ pm

Reference Signature _____ Date _____

Reference 2

First Name _____ Middle Initial _____ Last Name _____

How long have you known the applicant? _____ Are you related to the applicant? _____

How do you know the applicant? () Teacher () Coach () Pastor () Family Friend () Other _____

Tell us why we should select the applicant

Can we contact you should we need further information? () Yes () No

What is the best time to contact you? () Morning ____:____ am () Afternoon ____:____ pm () Evening ____:____ pm

Reference Signature _____ Date _____

Staff Use Only

Reference Checked By _____ Date _____

() Reference Check Complete () Reference Check Incomplete () _____



PARKS & RECREATION DEPARTMENT

It Starts In Parks!

Parent Letter

Dear Parent/Guardian:

We are pleased to have your son/daughter as a participating member of Future Leaders by Affiliation Teen Program. Please be advised that our teen program consists of various activities, workshops and/or events that will require your child's participation. It is important that you provide us with an e-mail address that is checked by you regularly, so that we can keep you informed of program activities.

We expect our teen members to display leadership qualities. It is the responsibility of Future Leaders by Affiliation Teen Program members to sign in and out daily. In the event that we notice inconsistencies in your child's participation, we will make it a priority to notify you of the matter.

Sincerely,

Shacora R. Jackson

Shacora R. Jackson

Recreation Leader I /Teen Program Coordinator